

## Pharmacy and Therapeutics Advisory Committee Recommendations

November 20, 2003 Meeting

This chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the November 20, 2003, meeting. Review of the recommendations by the Secretary of the Cabinet for Health Services and final decisions are pending.

	Description of Recommendation	P & T Vote
#1	<b>Review of Tablet Splitting</b> <ol style="list-style-type: none"> <li>1. Place a Prior Authorization on Celexa 10mg tablets.</li> <li>2. Place a maximum daily limit on Celexa 20mg tablets of 0.5 tablet per day.</li> <li>3. Place a maximum daily limit on Celexa 40mg tablets of 1.5 tablets per day.</li> <li>4. Place a Prior Authorization on Lexapro 10mg tablets with a maximum daily limit of 1 tablet per day.</li> <li>5. Place a maximum daily limit on Lexapro 20mg of 1 tablet per day.</li> <li>6. Place a Prior Authorization on Zoloft 25mg tablets.</li> <li>7. Place a maximum daily limit on Zoloft 50mg tablets of 0.5 tablet per day.</li> <li>8. Place a maximum daily limit on Zoloft 100mg tablets of 2 tablets per day.</li> <li>9. Exclude recipients residing in Long Term Care facilities from the restrictions above.</li> <li>10. Prepare a utilization study on tablet splitting and report to P&amp;T Committee in one year.</li> </ol>	Passed 11-For 1- Against
#2	<b>Proton Pump Inhibitor Update</b> <ol style="list-style-type: none"> <li>1. All PPI's are equivalent.</li> <li>2. Maintain the most cost-effective agent as the preferred PPI (currently Prilosec OTC).</li> <li>3. Select a Prior Auth Preferred PPI (Based on lowest net cost via supplemental rebate).</li> <li>4. Maintain H2 Antagonists and the most cost-effective PPI (currently Prilosec OTC) as first-line.</li> <li>5. Maintain the 12-week duration limit on all Prior Auth PPI's after failure of the preferred PPI (currently Prilosec OTC) and/or H2 Antagonists.</li> <li>6. Require Prior Auth for any newly approved PPI.</li> </ol>	Passed 11-For 1-Abstain
#3	<b>Utilization review of Atypical Antipsychotic Agents</b> <ol style="list-style-type: none"> <li>1. Revisit this class when more data is available on utilization.</li> </ol>	Passed 11-For